

215040704
62798

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 084	Agency Case No. B5-092754	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1545	10/05/2015		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 16th Hst To Gst		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE		
D	IF AT INTERSECTION		IF NOT AT INTERSECTION				
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M	100.00		X		G street		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
2	VEHICLE NO. 1						
F	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
V1/N	DRIVER	PHONE		LOCAL NO.			
1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		V1/1 19	
V2/N	OWNER	PHONE		LOCAL NO.		V1/2	
1	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		V1/3	
G	LICENSE PLATE NO.	YEAR (Plate Expires)		STATE (Of Plate)			
5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V1/O	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		V1/4			
5	TOWED TO	TOWED BY		POLICY NO.			
V2/O	1		1		19		
1	VEHICLE NO. 2						
I	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
V1/P	DRIVER	PHONE		LOCAL NO.			
8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		V2/1 18	
V2/P	OWNER	PHONE		LOCAL NO.		V2/2	
1	Linda J LEATHERMAN	402-429-8305		DOB 11-30-1949			
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		V2/3	
01	21171 S 68TH ST, HICKMAN, NE 68372	CITATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CITATION NO.			
V1/Q	LICENSE PLATE PA NO.	YEAR (Plate Expires)		STATE (Of Plate)		V2/4	
4	SBV354	2016		NE			
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 500	
4	2008	Honda	Accord	4 door Sedan	red	V2/5 18	
K	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		V2/6			
01	1HGFA16578L071367	State Farm		35			
TOWED TO		TOWED BY		POLICY NO.			
01		0572889E0127		35			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092754

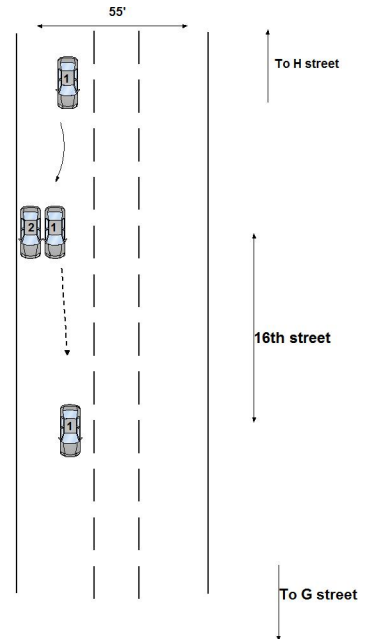


Indicate
North
by Arrow



POI not exact
100' north of the north curb of Gst
7' east of the west curb of 16th

All items labeled 'Unknown' or left blank are due to hit and run



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of vehicle 2 reports that sometime between 0645hrs and 1545hrs 10-5-2015, another unknown vehicle collided into the drivers side outside rearview mirror, causing damage. The other vehicle then left the scene without leaving any information or contacting the owner of vehicle 2. Evidence at the scene indicates vehicle 1 was traveling southbound when its right outside mirror struck vehicle 2's left outside mirror.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2													
1		X			16th	POINT OF IMPACT	03	POINT OF IMPACT	07												
2		X			16th	MOST DAMAGED AREA	02	MOST DAMAGED AREA	07												
1					06 Turning left																
2	10				08 Entering traffic lane																
01 Essentially straight ahead						09 Leaving traffic lane		02		03		04		05		06		07		08	
02 Backing						10 Parked		11 Total (all areas)													
03 Changing lanes						11 Slowing or stopped in traffic		12 Other													
04 Overtaking/ Passing						12 Other		13 Unknown													
05 Turning right						13 Unknown															

OFFICER NO. 941	TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Michael Pratt		INVESTIGATOR SIGNATURE Approved by Officer Michael Pratt	DATE OF REPORT 10/05/2015